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Updated on: 6/22/2023

## IHH State Reporting Tracker Summary

Report Information						Amerigroup		Iowa Total Care		Molina	
Type of Report	State Report Name	Report Name	What Report is Capturing	Frequency to Submit to State	Population Reported On	Submit To	IHH Due Date	Submit To	IHH Due Date	Submit To	IHH Due Date
Membership	A1 A5 D1 E1 Care Coordination	Hab/CMH Assignment a/k/a Ratio Reporting	MCOs will provide Habilitation and CMH waiver members to the State based on Roster report at end of quarter	Quarterly	Hab, CMH	None - AGP completes	None - based on HHN forms submitted	None - ITC completes	None - ITC pulls based on roster	None - Molina Completes	NA - Based on data already submitted
Utilization	A1 A5 D1 E1 Care Coordination	Acute Inpatient Stays	Identifies members who are unable to find placement from an acute inpatient stay (IHH, hospitals)	Quarterly	Hab, CMH	None - AGP completes	AGP BH UM Department tracks and reports this information	None - ITC completes	None - ITC pulls based on claims data	None - Molina Completes	NA - Molina completes based on UM data
Utilization	A1 A5 D1 E1 Care Coordination	Involuntary Discharges	Member issued involuntary discharge notice from CMH or Hab provider in the quarter	Quarterly	Hab, CMH	<a href="mailto:ia-healthhome@amerigroup.com">ia-healthhome@amerigroup.com</a>	10th of the month following the end of the quarter (April, July, October and January)	ITC_IHH@iowatotalcare.com	10th of Jan, April, July, October	<a href="mailto:healthhomesiowa@molinahealthcare.com">healthhomesiowa@molinahealthcare.com</a>	10th of Jan, April, July, October
Assessment	A13 Revised Assessments	Revised Assessments	To monitor all revised assessments and reason for the revision	Quarterly	Hab, CMH	None - AGP completes	None - based on re-assessments submitted by the IHH	None - ITC completes	None - ITC pulls based on PCSP submitted	None - Molina Completes	NA - Based on PCSP and Assessment data already submitted
Care Planning	A14 Revised Care Plans	Revised Care Plans	To monitor all revised care plans and reason for the revision	Quarterly	Hab, CMH	<a href="mailto:ia-healthhome@amerigroup.com">ia-healthhome@amerigroup.com</a>	10th of the month following the end of the quarter (April, July, October and January)	None - ITC completes	None - ITC pulls based on PCSP submitted	None - Molina Completes	NA - Based on PCSP data already submitted
Care Planning	A15 Service Plan Reductions (Step 1)	Reduction/Termination	Identifies the number of services that were reduced or terminated during the month and the reason why and # of units, along with it became effective	Monthly	Hab, CMH	None - AGP completes	None - based on service authorizations submitted	None - ITC completes	None - ITC pulls from PCSP submitted	None - Molina Completes	NA - Based on PCSP data already submitted
Care Planning	A15 Service Plan Reductions (Step 2)	Reduction/Termination	Identifies services that were reduced or terminated during month, date effective, number of units, reason and rational	Monthly	Hab, CMH	None - AGP completes	None - based on service authorizations submitted	None - ITC completes	None - ITC pulls from PCSP submitted	None - Molina Completes	NA - Based on PCSP data already submitted
Assessment/Care Planning	A16 Planned Coordination Events	Ride Along	Scheduled assessments & PCSP that fall within the noted timeframe for the month	Monthly	CMH	<a href="mailto:ia-healthhome@amerigroup.com">ia-healthhome@amerigroup.com</a>	20th of each month	ITC_IHH@iowatotalcare.com	20th of each month	<a href="mailto:healthhomesiowa@molinahealthcare.com">healthhomesiowa@molinahealthcare.com</a>	20th of each month
Auditing	Chart Review Workbook	Chart Review Workbook	This captures data regarding chart reviews completed by Iowa Medicaid and MCOs. Each health home is selected once a year for a review.	Annually	Hab, CMH, Non	Designated AGP Associate that emailed the IHH	Date identified in email	Assigned Auditor	Date identified in email	Designated Molina representative that initiated contact	Date identified in email
Employment	E10 Employment	Employment Reporting	Captures data from IHH or members who are not receiving vocational services to identify those who are competitively employed. Vocational employers provide additional information	Quarterly	Hab	<a href="mailto:ia-healthhome@amerigroup.com">ia-healthhome@amerigroup.com</a>	Quarterly due date identified in email sent February, May, August and November	Assigned CBCM	Quarterly due date identified in email	<a href="mailto:healthhomesiowa@molinahealthcare.com">healthhomesiowa@molinahealthcare.com</a>	Quarterly due date identified in email
Member Satisfaction	E-14 Iowa Participant Experience Survey	IPES Reporting	Tells us how members rate their services, including IHH. If negative response or no response, IHH completes follow-up.	Quarterly	Hab, CMH	Designated AGP Associate that emailed the IHH	AGP tracks and reaches out to the IHH CC or IHH Manager for information as needed	Assigned CBCM	Quarterly due date identified in email	Designated Molina representative that initiated contact	Date identified in email
Quality Improvement	E-17 CMS New 1915c & 1915i	Continuous Quality Improvement	Monitoring of * service plan address needs goals, health risk, safety risk) * service plan updated due to member needs * services plan updated prior to due date * service plan identifies amt, duration, scope of service * IPES question #401 * service plan identify choice of providers * major (critical) incident reports requiring follow-up that were investigated * service plan that identify how to report abuse, neglect, exploitation, unexplained deaths * unresolved CIR resulted in targeted review * CIR where root cause identified * claims paid * service plan which indicated member HCBS setting requirements * service plan member receiving services in HCB setting requirements MCO provides plan if any subcategories are under 86%	Quarterly	Hab, CMH	None - AGP completes	None - based on PCSPs submitted	None - ITC completes	None - ITC pulls based on data submitted	None - Molina Completes	NA - Based on data already submitted
Care Planning	E2 E6 E9 Waivers	Timely Care Plans	Identifies # of service plans completed timely and those with exceptions	Quarterly	Hab, CMH	<a href="mailto:ia-healthhome@amerigroup.com">ia-healthhome@amerigroup.com</a>	10th of the month following the end of the quarter (April, July, October and January)	None - ITC completes	None - ITC pulls based on PCSP submitted	None - Molina Completes	NA - Based on PCSP data already submitted
Care Planning	E2 E6 E9 Waivers	Services reviewed	Identifies # of services reviewed due to care plan revisions, reviewed without change, with increase & decrease	Quarterly	Hab, CMH	None - AGP completes	None - based on service authorizations submitted by the IHH	None - ITC completes	None - ITC pulls based on PCSP submitted	None - Molina Completes	NA - Based on PCSP data already submitted

Report Information						Amerigroup		Iowa Total Care		Molina	
Assessment	E8 LTSS Level of Care/Functional Assessment	LOC Timeliness	Identifies # of assessments completed timely vs. not timely along with timeliness information. Timeliness is based off of the previous years annual InterRAI for CMH waiver or comprehensive assessment & social history (CASH) for hab. Must be completed within 365 days of previous year.	Quarterly	Hab, CMH	Designated AGP Associate that emailed the IHH or to ia-healthhome@amerigroup.com	AGP tracks and reaches out to the IHH CC or IHH Manager for information as needed	Assigned CBCM	ITC tracks and reaches out for information as needed	Designated Molina representative that initiated contact	Molina tracks internally and will reach out as needed
Membership	IHH Annual Membership	Annual Membership	IHH membership throughout the year and tier changes	Annually	Hab, CMH, Non	None - AGP completes	None - based on HHN forms submitted	None - ITC completes	None - ITC pulls based on HHN forms submitted	None - Molina Completes	NA - Molina completes based on IHH Notification Forms submitted
Membership	IHH Monthly Membership	Monthly Membership	IHH membership includes Member, assigned tier, age and IHH assignment	Monthly	Hab, CMH, Non	None - AGP completes	None - based on HHN forms submitted	None - ITC completes	None - based on HHN forms submitted	None - Molina Completes	NA - Molina completes based on IHH Notification Forms submitted
Membership	None	IHH Member Roster	MCOs provide membership file minimum of monthly to IHHs. IHHs will reconcile the roster to verify members are identified correctly and determine if updates need to be completed. Report provides monthly numbers to the state, P4P measures, LOC/PCSP timeliness and eligibility.	Monthly	Hab, CMH, Non	Member-specific reports are located at <a href="https://www.avality.com">https://www.avality.com</a> > Provider Online Reporting	Member rosters are updated weekly.	Assigned CBCM	20th of each month	<a href="mailto:healthhomesiowa@molinahealthcare.com">healthhomesiowa@molinahealthcare.com</a>	20th of each month
Critical Incident Reporting	State Critical Incident Reporting (CIR)	Emergency Room (ED)/Critical Incident Reporting (CIR)	Identifies members who have had a ED visits and if CIR was completed	Monthly	Hab, CMH	<a href="mailto:ia-healthhome@amerigroup.com">ia-healthhome@amerigroup.com</a>	Due date is dependent on when we receive the report request from the State, but typically this will be due in the second week of each month.	Assigned CBCM	5th of each month	<a href="mailto:healthhomesiowa@molinahealthcare.com">healthhomesiowa@molinahealthcare.com</a>	5th of each month

Quarterly Timeframe Reporting Period	
Quarterly Period	Months
1st	July - Septembr
2nd	October - December
3rd	January - March
4th	April - June